

SIGNATURE OF CO-OWNER (REQUIRED)

Form 1532 (Rev 1/13)

Arizona Game and Fish Department 5000 W. Carefree Highway • Phoenix, AZ 85086 (602) 942-3000 • www.azgfd.gov

DEPARTMENT USE ONI		m a resident		
TRAN CODE	nonresident	_ of the state of S.§5-301 (see back		
AZ NO		- •		
DECAL NO.	APPLICANT SIGNATU	JRE (REQUIRED)		
Please print or type with black	k ink. Mark an "X" in ONE box for EA	CH category.		
BOAT 1	TYPE		PROPULSION TY	'PE
RA Runabout (ski and base) CC Day cruiser CC Cabin cruiser HB Houseboat PB Pontoon boat SA Sailboat	CN Canoe IN Inflatable PW Personal Watercraft	OU Outb OJ Outb IN Inboa	pard EL pard – Jet SO ard (I-O) SI ard – Jet	Electric Sail Auxiliary – Outboard Sail Auxiliary – Inboard
Length FT.	IN. Manufacturer and Model:			
Year built or model year	Hull ID number			
HULL MATERIAL	FUEL	PRIM	MARY OPERATION	N
WD Wood FI Fiberglass ME Metal IN Inflatables OT Other	GA Gasoline DI Diesel OT Other	RP Resident – Plo NP Non-resident LI Livery CO Commercial	easure CF — Pleasure CP GO	Commercial Fishing Commercial Passenger Government
REGISTRATION FEE	NON-RESIDENT INFRASTRUCTUR	RE FEE TRANS	FER FEE	TOTAL
OWNER'S NAME: LAST	FIRST	MI	Date of	Birth (MO-DY-YR)
MAILING ADDRESS: STREET ADDRESS, PO BOX O	OR BOX NUMBER	СІТУ	STATE	ZIP
IOINT OWNEDCHID: IE WATERCD AET IC OWNED DV MO	DRE THAN ONE PERSON. SEE REVERSE BEFORE CIRCLING.		IS CODE	FOR DEPARTMENT USE
AND/OR AND	OR			
CO-OWNER'S NAME: LAST	FIRST	MI	Date of	Birth (MO-DY-YR)
MAILING ADDRESS: STREET ADDRESS, PO BOX O	DR BOX NUMBER	СІТУ	STATE	ZIP
OWNER'S DAYTIME PHONE:	OWNER'S HOME PHONE:		WILL THE WATERCRAFT BE OPE	RATED MOST IN CIRCLE ONE:
()	()		ARIZONA and/or I	
OWNER'S EMAIL ADDRESS:			PREVIOUS WATERCRAFT #	BY STATE OF

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REGISTRAR'S INITIAL AND DATE

DATE



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JOINT OWNERSHIP DESIGNATIONS

Pursuant to R12-4-502 (A) (11), application for registration of a watercraft with more than one owner must be indicated by one of the following methods, and the Department shall record and transfer registrations as prescribed:

- a. The use of "and/or" between the names of the individuals shall require the signatures of both parties if both are living. Upon legal proof of the death of either party, the Department shall transfer registration upon the signature of the living party.
- b. The use of "and" between the names of individuals shall require the signatures of both parties. In the event of the death of either party the interest of the deceased party shall be handled through probate proceedings.
- c. The use of "or" between the names of individuals shall express to the Department the intent that either of the owners have full authority to transfer registration of the watercraft.

RESIDENCY DEFINITIONS A.R.S. § 5-301

- "Resident" means a person who is either:
- A member of the armed forces of the United States on active duty and stationed in this state for a period of thirty days immediately before the date of application for a watercraft decal.
- 2. A member of the armed forces of the United States on active duty and stationed in another state or another country and who lists this state as
- that member's home of record at the time of an application for a watercraft decal.
- Domiciled in this state for at least six consecutive months immediately before the date of the application for a watercraft decal and who does not claim residency for any purpose in any other state or country.
- "Domicile" means a person's true, fixed and permanent home and principal residence.

TOWING COMPANY CERTIFICATION STATEMENT FOR TRANSFER OF OWNERSHIP

I hereby certify that as of the date of this application, the watercraft is in the possession of the towing company and no person has presented proof of ownership or proof of interest in the watercraft and entered into an agreement for the release or return of the watercraft. I understand that any falsification of information on this form constitutes a Class 6 felony pursuant to A.R.S. § 13-2407 and § 13-2704

SIGNATURE OF AUTHORIZED TOWING COMPANY REPRESENTATIVE

CONTINUATION OF OWNERS

CO-OWNER'S NAME: LAST	FIRST		MI		Date of Birth (MO-DY-YR)			
MAILING ADDRESS: STREET ADDRESS, PO BOX OR BOX NUMBER		CITY		STATE		ZIP		
SIGNATURE:								
CO-OWNER'S NAME: LAST	FIRST		MI	1	Date of Birth	(MO-DY-YR)		1
MAILING ADDRESS: STREET ADDRESS, PO BOX OR BOX NUMBER		CITY		STATE		ZIP		
SIGNATURE:								
CO-OWNER'S NAME: LAST	FIRST		MI		Date of Birth	(MO-DV-VP)		
CO OWNER'S NAME. EAST	111/31		IVII		Date of billi	(IVIO-DI-TIK)		
CO OTHER S NAME: EAST	TIKST		IVII		Date of Birth	(MO-DI-TII)		
MAILING ADDRESS: STREET ADDRESS, PO BOX OR BOX NUMBER	TIMOT	CITY	MI	STATE	Date of birth	ZIP		
	Tildi	CITY	IVII	STATE	Date of birth			
	THO!	CITY	IVII	STATE	Date of birth			
MAILING ADDRESS: STREET ADDRESS, PO BOX OR BOX NUMBER	THO!	CITY	MI	STATE	Date of birth			
MAILING ADDRESS: STREET ADDRESS, PO BOX OR BOX NUMBER	FIRST	CITY	MI	STATE	Date of Birth	ZIP		
MAILING ADDRESS: STREET ADDRESS, PO BOX OR BOX NUMBER SIGNATURE:		CITY		STATE		ZIP		
MAILING ADDRESS: STREET ADDRESS, PO BOX OR BOX NUMBER SIGNATURE:		CITY		STATE		ZIP		
MAILING ADDRESS: STREET ADDRESS, PO BOX OR BOX NUMBER SIGNATURE: CO-OWNER'S NAME: LAST						ZIP (MO-DY-YR)		
MAILING ADDRESS: STREET ADDRESS, PO BOX OR BOX NUMBER SIGNATURE: CO-OWNER'S NAME: LAST						ZIP (MO-DY-YR)		

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